

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34297**

FILED OCT 20 1950

BIRTH NO. _____ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3050** Registrar's No. **87**

0782

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Demarcat		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Demarcat	
b. CITY OR TOWN Caruthersville, Mo.		c. CITY OR TOWN Caruthersville	
c. LENGTH OF STAY (in this place) 2 1/2 yrs.		d. STREET ADDRESS (If rural, give location) East 9th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION East 9th St.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) WILLIAM H.			b. (Middle) MATTHEWS		
c. (Last) MATTHEWS			4. DATE OF DEATH (Month) (Day) (Year) Oct-9-1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May-29-	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 4 Days 10
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, if retired) State factory worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bellevue Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Estelle Matthews		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Estelle Mae Matthews ADDRESS _____					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia type not determined		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		-ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS; Conditions contributing to the death but not related to the disease or condition causing death. Ch. Myocarditis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Caruthersville		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Estelle Mae Matthews		23b. ADDRESS Caruthersville Mo 10/13/50		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-10-1950		24c. NAME OF CEMETERY OR CREMATORY Little Praying	
24d. LOCATION (City, town, or county) Caruthersville Mo		25. GENERAL DIRECTOR'S SIGNATURE James B. Wilke		ADDRESS La Forge and Co. Caruthersville	

No 1

10-50-272

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri
OCT 18 REC'D
NOV 10 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Arnold R. Moon*

Licensed Embalmer No. *4636*

P. O. Address *Caruthersville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.